



# CITY OF HOUSTON

Health & Human Services Department  
8000 North Stadium Drive, Second Floor, Houston, TX 77054  
Bureau of Consumer Health Services  
Phone: (713)- 794-9200  
Fax: (713)-794-7457

## Request for a Variance / Exemption

1. Establishment Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Permit Number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Contact Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_
6. Type of Variance and Houston Food Ordinance Section Affected:
  - ☐ Smoking of Food (20-21.4(m)(i)(a)) ☐ Live Molluscan Shellfish Tank
  - ☐ Food Additives (20-21.4(m)(i)(c)) ☐ Reduced Oxygen Packaging (20-21.4(m)(i)(d))
  - ☐ Curing of Food (20-21.4(m)(i)) ☐ Custom Processing of Animals
  - ☐ Shellstock Identification (20-21.1(b)(2)) ☐ Sprouting Seeds or Beans (20-21.4(m)(i)(h))
  - ☐ Under-Cooking Animal Foods (20-21.4(c)(i)(4)(b))
  - ☐ Other \_\_\_\_\_

Each variance requires an independent application. Requests for variance are covered under Houston Food Ordinance 20-21.4(m) and 20-21.19(e) and (B). The entire Houston Food Ordinance can be viewed <http://www.houstontx.gov>

I hereby certify that the above information is correct. I have provided all relevant material to the best of my ability. I understand until such time as this variance is granted I must cease operations that require a variance. I understand that by submitting this application in no way guarantees that my exemption will be approved. I understand that if this exemption is approved it can be revoked immediately during any official inspection.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Receive: \_\_\_\_\_

Received by: \_\_\_\_\_